

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) D.R.I.V.E. - Democrat, Republican, Independent Voter Education (The PAC of the International Brotherhood of Teamsters)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00032979 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee Union Marketing Ideas, Inc. [MEMO ITEM] TEAMSTERS FOR BRALEY LAPEL STICKERS		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 24 / 2014 </div>	
Mailing Address 300 NW 70th Ave., Ste 106		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.00 </div>	
City Plantation	State FL	Zip Code 33317	Transaction ID : 37003237 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Purpose of Expenditure TEAMSTERS FOR BRALEY LAPEL STICKERS		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 006 </div>	
Name of Federal Candidate BRUCE BRALEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.00 </div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 006 </div>	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ken Hall
 Signature

[Electronically Filed]

Date MM / DD / YYYY
 05 / 26 / 2015